

Payor Request for Direct Payment Credit

Livingston County Friend of the Court

210 S. Highlander Way ■ Suite 3 ■ Howell, MI 48843 ■ (517) 546-0230 phone ■ (517) 552-2312

Date: _____ Docket No. _____

Requestor Name: _____

Case Name: _____ vs _____

Explanation of Request: _____

Total credit requested: \$ _____ *

Signature

***The requested credit cannot exceed the amount of arrears owed to the recipient of support according to the Friend of the Court records. Credit cannot be applied to support due in the current month.**

Note:

1. Please be advised that a copy of this request will be forwarded to the payee. Should the payee disagree with the request, credit may be denied.
2. Future payments should be made through the Michigan State Disbursement Unit (MiSDU) as provided by your court order. **Should you continue to make direct payments, they may not be considered for credit.**
3. Credit cannot be applied against state arrears.

I am the recipient of support and I authorize the application of this credit to my account within the guidelines stated above.

Signature

Date

Printed Name

For Friend of the Court Use Only:

Approved: Amount Credited \$ _____

Denied: Reason for denial or partial credit: _____

